



CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. FIS920000011US2	
Applicant(s): Axel Brintzinger et al.				
Serial No. 09/873,537	Filing Date 06/04/2001	Examiner Monica Lewis	Group Art Unit 2822	
Invention: DUAL DAMASCENE ANTI-FUSE WITH VIA BEFORE WIRE				
<div style="text-align: right;">FAX COPY RECEIVED APR 15 2002 TECHNOLOGY CENTER 2800</div> <p>I hereby certify that this _____ <u>Amendment</u> _____ (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9319</u>) on <u>April 15, 2002.</u> (8 pages being sent via fax, 4/15/2002) (Date)</p> <div style="text-align: right;"><p>_____ Colleen J. Dew (Typed or Printed Name of Person Signing Certificate)</p><p>_____ <i>Colleen J. Dew</i> (Signature)</p></div> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>				

AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. FIS920000011US2		
Applicant(s): Axel Brintzinger et al.					
Serial No. 09/873,537	Filing Date 06/04/2001	Examiner Monica Lewis		Group Art Unit 2822	
Invention: DUAL DAMASCENE ANTI-FUSE WITH VIA BEFORE WIRE					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u> FAX COPY RECEIVED APR 15 2002					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below. TECHNOLOGY CENTER 2800					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	9 -	20 -	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 -	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0458 A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>					
 _____ <i>Signature</i>			Dated: April 15, 2002		
Steven Capella, Registration No. 33,086 International Business Machines Corporation 2070 Route 52 Hopewell Junction, NY 12533 845-894-3669					
<div style="border: 1px solid black; padding: 5px;"> <p>I certify that this document and fee is being faxed on 4/15/2002 _____ addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</p> <p style="text-align: center;"> <i>Signature of Person Faxing Correspondence</i></p> <p style="text-align: center;">Colleen J. Dew <i>Typed or Printed Name of Person Faxing Correspondence</i></p> </div>					
cc:					